IA 1120 2002

Ch	- - - - - - - - -									
	eck the box if this is (1) Name/Address Change (2) A Short Period (2)									
Co	rporation Name and Address									
		ı	Federal T.I.	N.:		A	Bus	siness	Code:	
		H								
		1	County No.	:		_	4			
		Ī	s this a firs	st or fi	nal returr	n? If yes, c	heck t	he app	ropriate box.	
		l l	First Return	n 📥	□New	Business	☐ Successor ☐ Entering Iowa			
Naı	me of contact person:		Final Retur	'n▲	Reor	ganized	\square M	erged	Dissolv	ved
	one No.: ()				☐ Witho	-	□в	ankrup	tcy 🔲 Other_	
Fili	ng Status: 1 Separate Iowa/Separate Federal	2 Separa	ate Iowa/Cons	olidated	l Federal	3 Cor	solidate	d Iowa/C	Consolidated Feder	ral
	pe of Return: 1 Regular Corporation	-				☐3 UE	ВIТ			
	his an inactive corporation?	•		Пи	1					
	is federal income or tax changed for any prior period(s)?					4(e)				
	you have property in lowa?					J(3)				
D0	you have property in lowa?		☐ Tes		,			TIC:	E WHOLE BC	NI LABO
1	Net Income From Federal Return (before Federal Net Operation	na Lose)	1				H		E WHOLE DO	<u> </u>
	50% of Federal Tax Refund									
	Other Additions (Schedule A)							3		
	·							4		
4. Net Income after additions (add lines 1 through 3)							<u> </u>	<u> </u>		
6. Other Reductions (Schedule A)						~				
7. Total Reductions (add lines 5 and 6)						-	7			
	Net income after reductions (subtract line 7 from line 4)							· —		
	Nonbusiness income (Schedule D, line 17)									
	Income Subject To Apportionment (subtract line 9 from line 8)									
	11. Iowa Percentage (Schedule E) (See instructions)									
	Income Apportioned to Iowa (multiply line 10 by line 11)									
	Iowa Nonbusiness Income (Schedule D, line 8)									
	Income Before Net Operating Loss (add lines 12 and 13)									
15. Net Operating Loss Carryforward (Schedule F)										
16.	16. Income Subject to Tax (subtract line 15 from line 14. Do NOT enter an amount below \$0)						1	6		
17.	Computed Tax (for tax rates, see bottom of page 3) Check bo	x if tax	is annualize	d.□			1	7		
18.	Minimum Tax (from page 4, Schedule IA4626)						1	8		
19.	Total Tax (add lines 17 and 18)						1	9		
20.	Credits (Schedule C1, line 11, Do not include estimated tax cr	edit)	20				A			
	Payments (Schedule C2, line 4, include estimated tax credit)	_					A			
	22. Total Credits and Payments (add lines 20 and 21)									
	23. Net Amount (subtract line 22 from line 19)									
24. Tax Due if line 23 is greater than \$0							1			
25. Penalty (Underpayment of Estimated Tax; attach IA2220)										
	26. Penalty (Failure to Pay or Failure to File)								4	
	27. Interest									
28.	Total Amount Due (add lines 24 through 27) Make check pa									
20	Overpayment if line 23 is less than \$0						2	³		
	Credit to next period's Estimated Tax						In	٥Ι		

A complete copy of your Federal return, as filed with the Internal Revenue Service, MUST be filed with this return. For filing status 2 or 3, you must attach pages 1-4 of your consolidated Federal return, consolidating income statements, lowa Schedule H and any other forms related to the lowa return.

Schedule A - Other Additions and Reductions		Enter Whole Doll			1A1120 Page 2 2002
Type of Income			Other Additions	Ot	her Reductions
1 Percentage Depletion					
2 TIP Credit					
3 Capital Loss Adjustments (for filing status 2 o	r 3 only)				
4 Contribution Adjustments (for filing status 2 or	r 3 only)				
5 Safe Harbor Lease — Rent					
6 Safe Harbor Lease — Interest					
7 Safe Harbor Lease — Depreciation					
8 Depreciation Adjustment (IA4562A)					
9 Tax Exempt Interest and Dividends(see instru	uctions)				
10 Iowa Tax Expense/Refund					
11 Work Opportunity Credit Wage Reduction					
12 Alcohol Fuel Credit					
13 Foreign Dividend Exclusion (from Schedule B	3)				A
14 Federal Securities Interest and Dividends(instr	ructions)				
15 Other (must attach schedule)			A		A
16 TOTALS					
	(E	Enter to	otal on line 3 of page 1)	(Enter tot	al on line 6 of page 1)
Schedule B - Foreign Dividend Exclus Type of Dividend Income	ion		Enter Whole D Total Dividend	ollars	Exclusion
1 Less than 20% Owned			x 70%		
2 20% to 80% Owned			x 80%		
3 More than 80% Owned			x 100%		
4 Dividend Gross Up (federal section 78)			x 100%		
5 TOTAL (add lines 1 through 4) E	inter Total on line 13	of Sch	edule A		
Schedule C1 - Credits	Whole Dollars		Schedule C2 - Paymen	ts	Whole Dollars
Description	Amount		Descript		Amount
1 Motor Fuel Credit (attach IA4136)		A	1 Estimated Tax Payments		
2 Iowa Jobs Credit (attach IA133)		A	a Credit from prior period	overpayment	
3 Research Activities Credit (attach IA128 or 128/	A)	A	b First, Date Paid:	, ,	
4 Minimum Tax Credit (from IA8827, page 4)		A	c Second, Date Paid:		
5 Investment Tax Credit (attach IA 3468)			d Third, Date Paid:		
6 Franchise Tax Credit			e Fourth, Date Paid:		
7 Assistive Device Tax Credit			f Other, Date Paid:		
8 Property Rehabilitation Tax Credit			2 Voucher Payment		
9 Property Rehabilitation Credit (discounted)			3 Other Payments		
10 Ethanol Blended Gasoline Tax Credit (eff.1-1-02)(IA647	78)		4 Total (add lines 1-3) Enter	on page 1, line 21	
11 Total (add lines 1-10) Enter on Page 1, line 2	20			-	
Additional Information					
1. Year business was started in Iowa:		2. La	ast period filed as S corpo	ration (if any)	
3. Information from the prior period lowa			·	,	
Corporation Name:					

Date

Preparer's Telephone No.:

_____ Federal T.I.N. ____

Preparer's ID No.:

correct and complete. If prepared by a person other than the taxpayer, the declaration is based on all information of which there is any knowledge. Officer's Signature _____ Title _____ Date _____

Under penalties of perjury, I declare that I have examined this return, any attached schedules/statements, and, to the best of my knowledge, believe it to be true,

4. If part of a Federal consolidated group, please provide information about the corporate parent:

Net Income/Loss: _____

Signature of Preparer Other than Taxpayer

Name and Address of Preparer or Preparer's Employer

Corporation Name: _

42 001h (11/14/02)
42-001b (11/14/02)

Schedule D - Nonbusiness Income (see instructions)

Enter Whole Dollars

Type of Income	(A) Gross Income	(B) Related Expenses	(C) Subtotal	(D) 50% of Applicable Federal Income Tax	(E) Net Income
Allocated Within Iowa					
1 Net Dividend (see instructions)					
2 Exempt Interest and Dividends					
3 Other Interest					
4 Rent					
5 Royalties					
6 Capital Gain					
7 Other (must attach schedule)					
8 SUB TOTAL	Column	E (add lines 1 through 7)	Enter Total on line 13 of	of page 1.	
Allocated Without Iowa					
9 Net Dividend (see instructions)					
10 Exempt Interest and Dividends					
11 Other Interest					
12 Rent					
13 Royalties					
14 Capital Gain					
15 Other (must attach schedule)					
16 SUB TOTAL	Column E	(add lines 9 through 15)		
17 TOTAL	Column E	(add lines 8 and 16)	Enter To	tal on line 9 of page 1.	

Schedule E - Business Activity Ratio (BAR) (see instructions) **Enter Whole Dollars**

	Type of Income	Col. A Iowa Receipts	Col. B Receipts Everywhere
1	Gross Receipts	A	▲ 1
2	Net Dividends (see instructions)		▲ 2
3	Exempt Interest (line 6, Schedule A)		▲ 3
4	Accounts Receivable Interest		A 4
5	Other Interest		▲ 5
6	Rent		▲ 6
7	Royalties		▲ 7
8	Capital Gains		▲ 8
9	Ordinary Gains		▲ 9
10	Partnership Gross Receipts (attach schedule)		▲ 10
11	Other (must attach schedule)	A	▲ 11
12	TOTALS	A	▲ 12
13	Percentage (Column A/Column B - to six decimal place	ces) Enter % on line 11 of page 1.	% 13

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	4		\sim	Δ	•	_	

If income shown on line 16 (of page 1) is:

Under \$25,000 then multiply line 16 by 6% \$25,000 to \$100,000 then multiply line 16 by 8% and

subtract \$500

\$100,000 to \$250,000 ... then multiply line 16 by 10% and

subtract \$2,500

Over \$250,000then multiply line 16 by 12% and

subtract \$7,500

If annualizing, attach a schedule showing computation.

To obtain schedules and forms:

Web site: www.state.ia.us/tax Tax Fax: 1-800-572-3943

Order by Phone: 1-800-532-1531 (Iowa only) or 515/281-7239

Tax Research Library: http://itrl.state.ia.us/

To talk to a tax specialist:

1-800-367-3388 (Iowa, Omaha, Rock Island/Moline)

515/281-3114 (Des Moines, out-of-state)

E-mail: idrf@idrf.state.ia.us

MAIL YOUR RETURN TO:

Corporation Tax Return Processing Iowa Department of Revenue and Finance PO Box 10468

Des Moines IA 50306-0468

Corporate Name:	Federal T.I.N.:	
•		42-001c (5/17/02)

S	chedule IA462	6 Computation of Minimu	m Tax					
	Period Ended/							
-		_'' ral form 4626 except as noted. F	ederal form 4626 m	uist he attached		Enter Whole Dollars		
$\overline{}$					1	Enter Whole Bollars		
1	Income Subject To Apportionment (line 10, page 1)							
	1				2			
3		Applicable For Iowa						
1								
Ι.		erest From Private Activity Bond				Γ		
1		references (subtract lines 3a and	•					
1		nes 1 and 4						
1	1	Earnings Adjustment (see ins	•					
1	Total Of Lines 5							
8	lowa Percentage	(from line 11, page 1)			8			
		ned To Iowa (multiply line 7 by li	•					
10	lowa Nonbusines	s Income (from line 13, page 1)			10			
11	Add Lines 9 And	I 10			11			
12	lowa Alternative	Net Operating Loss - Tax Period	s Beginning Prior	To 1-1-87 (Schedule G)	12			
13	lowa Alternative	Net Operating Loss - Tax Period	ls Beginning After 1	2-31-86 (Schedule G)	13			
14	Iowa Alternative	Income (Subtract Lines 12 And	13 From Line 11)		14			
15	Exemption (see	instructions)			15			
16	lowa Alternative	Income Subject To Tax (subtract	line 15 from line 14	4)	16			
17	lowa Alternative	Tax (multiply line 16 by 7.2%)			17			
		x (from line 17, page 1)						
		TAX (subtract line 18 from line 1						
\sqsubseteq	l	· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , , ,				
S	chedule IA882	7 Computation of Minimu	m Tax Credit					
Pe	eriod Ended /	/				Enter Whole Dollars		
\vdash	1	yforward From Tax Periods Begi	nning After 1-1-87 (see worksheet below)	1			
1		nt Period Regular Tax Liability M	-					
1		nt Period Minimum Tax (from line						
		From Line 2 But Not Below Zero	•					
		redit (enter the smaller of line 1						
ľ		ule C1, line 4, page 2)	•		5			
_ ا	1	rforward To Next Tax Period (sub						
1	1	ax from Line 19 above		,				
1								
L	Total Minimum 18	ax Credit Carryforward To Next T	ax Period (add line	6 and line 7)	8			
		Workshee	t - Alternative I	Minimum Tax Credit Carr	yforward			
Та	ax Period Ended	Iowa Minimum Tax Paid	Period Applied	Minimum Tax Credit Applied	Unused	d Minimum Tax Credit		
L								
H								
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C	orporate Name	:		T.I.N				